FORM NLRB-502 (9-07)

UNITED TATES GOVERNMENT NATIONAL SOR RELATIONS BOARD

	O NOT V	FORM EXEMPT UNDER 44 U.S.C. VRITE IN THIS SPACE
Case No.	15690	Date Filed / / ADDTT 9 2009

pursuant to Section 9 of the National Labor Relations Act. 1. PURPOSE OF THIS PETITION (if box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employarmed herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)						
The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authoric pursuant to Section 9 of the National Labor Relations Act. 1. PURPOSE OF THIS PETITION (if box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employarmed herein, the statement following the description of the type of petition shall not be deemed made.) (Check One)						
 PURPOSE OF THIS PETITION (if box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Emplo named herein, the statement following the description of the type of petition shall not be deemed made.) (Check One) 	The Petitioner alleges that the following circumstances exist and requests that the National Labor Relations Board proceed under its proper authority					
	1 DURPOSE OF THIS PETITION (if box RC, RM, or RD is checked and a charge under Section 8(b)(7) of the Act has been filed involving the Employer					
RC-CERTIFICATION OF REPRESENTATIVE - A substantial number of employees wish to be represented for purposes of collective bargaining by Petitioner and Petitioner desires to be certified as representative of the employees.						
RM-REPRESENTATION (EMPLOYER PETITION) - One or more individuals or labor organizations have presented a claim to Petitioner to be recognized as the representative of employees of Petitioner.	, [
RD-DECERTIFICATION (REMOVAL OF REPRESENTATIVE) - A substantial number of employees assert that the certified or currently recognized bargaining representative is no longer their representative.						
UD-WITHDRAWAL OF UNION SHOP AUTHORITY (REMOVAL OF OBLIGATION TO PAY DUES) - Thirty percent (30%) or more of employer in a bargaining unit covered by an agreement between their employer a labor organization desire that such authority be rescinded.	yees					
UC-UNIT CLARIFICATION- A labor organization is currently recognized by Employer, but Petitioner seeks clarification of placement of certain employees: (Check one) In unit not previously certified. In unit previously certified in Case No.						
AC-AMENDMENT OF CERTIFICATION- Petitioner seeks amendment of certification issued in Case No. Attach statement describing the specific amendment sought.						
Name of Employer Employer Representative to contact Telephone Number						
Chugach Industries.Inc John R. Dixon 256 -544 4901						
3. Address(es) of Establishment(s) involved (Street and number, city, State, ZIP code) Telecopier Number (Fax) 256 544 3871						
MSFC- Bldg. 4348 Huntsville,Al 33612						
Service Service Contracts						
5. Unit Involved (In UC petition, describe present bargaining unit and attach description of proposed clarification.) 6a. Number of Employees in U	it:					
All full time employees at this site.						
Proposed (By UC/AC)						
Excluded						
All office clerical employees, guards and supervisors as defined in the Act. 6b. Is this petition supported by						
30% or more of the employees in the unit?*	No					
(If you have checked box RC in 1 above, check and complete EITHER item 7a or 7b, whichever is applicable) *Not applicable in RM, UC, and	AC					
7a. Request for recognition as Bargaining Representative was made on (Date) April 3 08 // and Employer declin	ed					
recognition on or about (Date) // (If no repty received, so state). 7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act.						
7b. Petitioner is currently recognized as Bargaining Representative and desires certification under the Act. 8. Name of Recognized or Certified Bargaining Agent (If none, so state.) Afiliation						
O. INGINE OF TREADURE CONTINUE EXCIPATION OF THE PROPERTY OF T						
Address, Telephone No. and Telecopier No. (Fax) () - Date of Recognition or Certification						
//						
9. Expiration Date of Current Contract. If any (Month, Day, Year) 10. If you have checked box UD in 1 above, show here the date of execution of						
// agreement granting union shop (Month, Day and Year) // 11a. Is there now a strike or picketing at the Employer's establishment(s) 11b. If so, approximately how many employees are participating?						
11a. Is there now a strike or picketing at the Employer's establishment(s) Involved? Yes No 11b. If so, approximately how many employees are participating?						
11c. The Employer has been picketed by or on behalf of (Insert Name)	a labor					
organization, of (Insert Address) Since (Month, Day, Year)						
12. Organizations or individuals other than Petitioner (and other than those named in items 8 and 11c), which have claimed recognition as representatives and other						
organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state)						
organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state) Name Affiliation Address Date of Claim						
organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state) Name Affiliation Address Date of Claim // Telecopier No. (Fax)					
organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state) Name Affiliation Address Date of Claim // Telecopier No. (Fax () -	0					
organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state) Name Affiliation Address Date of Claim // Telecopier No. (Fax () 13. Full name of party filing petition (If labor organization, give full name, including local name and number) Local 320 International Union of Operating Engineers AFL-CIO						
organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state) Name Affiliation Address Date of Claim // Telecopier No. (Fax () 13. Full name of party filing petition (If labor organization, give full name, including local name and number) Local 320 International Union of Operating Engineers AFL-CIO 14a. Address (street and number, city, state, and ZIP code) EX						
organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state) Name Affiliation Address Date of Claim // Telecopier No. (Fax () - 13. Full name of party filing petition (If labor organization, give full name, including local name and number) Local 320 International Union of Operating Engineers AFL-CIO 14a. Address (street and number, city, state, and ZIP code) 405 Hicks Blvd. East Florence, Al.35630						
organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state) Name Affiliation Address Date of Claim // Telecopier No. (Fax () - 13. Full name of party filing petition (If labor organization, give full name, including local name and number) Local 320 International Union of Operating Engineers AFL-CIO 14a. Address (street and number, city, state, and ZIP code) 405 Hicks Blvd. East Florence, Al.35630 14c. Telecopier No. (Fax) 256 764 6996 15. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)						
organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state) Name Affiliation Address Date of Claim // Telecopier No. (Fax () - 13. Full name of party filing petition (If labor organization, give full name, including local name and number) Local 320 International Union of Operating Engineers AFL-CIO 14a. Address (street and number, city, state, and ZIP code) 405 Hicks Blvd. East Florence, AI.35630 15. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filled by a labor organization) International Union Operating Engineers AFL-CIO I declare that I have read the above petition and that the statements are true to the best of my knowledge and belief.						
organizations and individuals known to have a representative interest in any employees in unit described in item 5 above. (If none, so state) Name Affiliation Address Date of Claim // Telecopier No. (Fax () - 13. Full name of party filing petition (If labor organization, give full name, including local name and number) Local 320 International Union of Operating Engineers AFL-CIO 14a. Address (street and number, city, state, and ZIP code) 405 Hicks Blvd. East Florence, Al.35630 15. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filled by a labor organization) International Union Operating Engineers AFL-CIO						

DT - INE - IND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the imformation are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

CHUGACH INDUSTRIES, INC	Date Filed			
CHOUACH INDUSTRIES, INC	10-RC-15689 Case No			
EMPLOYER	05/15/2008 Date Issued			
AND				
INTERNATIONAL UNION OPERATING ENGINEERS LOCAL 320	Type of Election (Check one:) Stipulation Board Direction	(If applicable check either or both:) □ 8(b) (7) □ Mail Ballot		
UNION	☐ Consent Agreement ☐ RD Direction Incumbent Union (Code)			
TALLY O	F BALLOTS			
The undersigned agent of the Regional Direct cast in the election held in the above case, and con				
Approximate number of eligible voters	•	1 1		
·		h		
Number of Void ballots INTERNATIONAL UNION Number of Votes cast for	OPERATING ENGINEERS L	OCAL 320		
4. Number of Votes cast for				
5. Number of Votes cast for				
6. Number of Votes cast against participating labor organizatio	n(s)	_2_		
7. Number of Valid votes counted (sum of 3, 4, 5, and 6)	• • • • • • • • • • • • • • • • • • • •			
8. Number of Challenged ballots	•••••	·········· <u> </u>		
9. Number of Valid votes counted plus challenged ballots (sum	of 7 and 8)			
10. Challenges are (not) sufficient in number to affect the result	s of the election.			
11. A majority of the valid votes counted plus challenged ballots	(Item 9) has (not) been cast for			
INTERNATIONAL UNION OPERATING EN	GINEERS LOCAL 320			
For the Regional Director REGION 10	Jank Cra			
The undersigned acted as authorized observers i We hereby certify that the counting and tabulating ballots was maintained, and that the results were as in	n the counting and tabulating of ball were fairly and accurately done, tha	t the secrecy of the		
For CHUGACH INDUSTRIES, INC	ForINTERNATIONAL U	JNION OPERATING		
John Duton	ENGINEERS LOCAI	L 320		
	Dryggali	ymple.		
For For				

UNITED STATES OF AMERICA NATIONAL LABOR RELATIONS BOARD

	TYPE OF ELECTION	(ALSO CHECK BOX BELOW WHEN APPROPRIATE)	
CHUGACH INDUSTRIES, INC.	(CHECK ONE)		
Employer	☐ CONSENT		
and	STIPULATED	8(b)(7)	
INTERNATIONAL UNION OPERATING ENGINEERS LOCAL 320 Petitioner	RD DIRECTED		
	☐ BOARD DIRECTED		
	CASE 10-RC-15689		

CERTIFICATION OF REPRESENTATIVE

An election has been conducted under the Board's Rules and Regulations. The Tally of Ballots shows that a collective-bargaining representative has been selected. No timely objections have been filed.

As authorized by the National Labor Relations Board, it is certified that a majority of the valid ballots have been cast for

INTERNATIONAL UNION OPERATING ENGINEERS LOCAL 320

and that it is the exclusive collective-bargaining representative of the employees in the following appropriate unit.

All motor vehicle mechanics, ground maintenance leads, ground laborers, and tractor operators performing NASA Grounds work for the Employer at the MSFC Redstone Arsenal in Huntsville, Alabama 35801, excluding office clericals, Project Manager, Deputy Project Manager, Site Administrator/HR, professional employees, guards and supervisors as defined in the Act.

THE COLUMN TO TH

Signed at	Atlanta, Georgia	
On the _	28th	day of

2008

Martin M. Arlook

Regional Director, Region 10

Regional Director, Region _____10 National Labor Relations Board

cc: Barney Uhart, President and CEO of Chugach Industries, Inc. 560 East 34th Avenue Anchorage, AK 99503

(b) (6), (b) (7)(C)

International Union of Operating Engineers Local 320 405 Hickd Blvd., East Florence, AL 35630

John R. Dixon, Employer Representative Chugach Industries, Inc. MSFC-Bldg. 4348 Huntsville, AL 35812